

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09/673719

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		2		
6		(1)		(1)		
7		(1)		(1)		
8		(1)		(1)		
9		(1)		(1)		
10		(1)		(1)		
11	1		1			
12		1		1		
13		2		2		
14		2		2		
15		(1)		(1)		
16		(1)		(1)		
17		(1)		(1)		
18		(1)		(1)		
19		(1)		(1)		
20		(1)		(1)		
21		(1)		(1)		
22		1		1		
23		(1)		(1)		
24		(1)		(1)		
25		(1)		(1)		
26		(1)		(1)		
27	1		1			
28			1			
29				1		
30				1		
31				1		
32				1		
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39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3		3			
TOTAL DEP.	28		26			
TOTAL CLAIMS	31		29			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY